BHA

Provider Record Review Form

Program:			
Date of Review:	FY:	Quarter:	
Level of Care:			
Contact Person:			
Telephone Number:			
Reviewer:			
	ADMINISTRAT	FIVE / PERSONNEL	
NAME	DRUG FREE WORKPLACE STATEMENT (UPDATED)	DOCUMENTATION OF CONFIDENTIALITY EDUCATION	COUNSELOR TO PATIENT RATIO
			-
	,		

ADMINISTRATIVE / PERSONNEL

NAME	LEVEL OF CERTIFICATION / EXPIRATION DATE	DOCUMENTATION OF STAFF CLINICAL SUPERVISION

PROGRAM CERTIFICATION: Current	Letter of Good Standing	Non-Compliant

RECORD REVIEW DOCUMENTATION (Whenever possible, please review at least 5 records)

Record Number					
Admission Date					
# of Days waiting					
to enter Tx			(700)		
		Tubercul	losis (TB)	T	1
High risk TB screen completed					
2. Referral made (If no or n/a, skip 3-7)					
3. Patient case managed					
4. TB counseling					
5. Testing (PPD)					
6. Treatment					
7. Reporting					
requirements met					
	Н	luman Immunodef	iciency Virus (HI	V)	
High risk HIV screen completed					
2. Pretest counseling made available					
3. HIV testing made available					
4. Posttest counseling made available					
5. Treatment made available					
		Treatmen	t Services		
Fee assessment					
MA assessment					
Proof of MA					
application					
Check MA status via EVS		,			
MA is being billed for eligible					
recipients					
Retain proof of					
MA process					
outlined above					
Gambling Assessment				The second second	
Gambling issues					
addressed on Tx					
plan (if indicated)					
Nicotine Assessment					
Nicotine Issues					
addressed on tx (if					
indicated)					

m 11 m 37 f					
Family Tx Needs					
Assessment					
Family counseling made available					
Treatment plan					
individualized					
Initial Treatment					
plan					
Treatment plan					
updates					
upuates		Lovel 0.5 Far	ly Intervention		
		Level 0.5 Ear.	I Intervention		
Assessment					
Treatment plan					
Group and/or					
individual.					
counseling					
Alcohol/drug					
education					
Family counseling		1,47-900			
if indicated			L	1	
		Pregnan	t Women		1
Pregnant patient					
given admission					
preference					
Pregnant patient					
admitted within 24					
hours				L	
		Buprenorph	ine Initiative		
100					
Case management		Out to Pool i	Diamonia		
		Opiate Prob	lem Diagnosis		
Level I-II.I:		Opiate Prob	lem Diagnosis		
Level I-II.I: Overdose Plan		Opiate Prob	lem Diagnosis		
Level I-II.I: Overdose Plan included in Tx plan	1. Directly	Opiate Prob	lem Diagnosis 1. Directly	1. Directly	1. Directly
Level I-II.I: Overdose Plan included in Tx plan Receiving	Directly Referral			1. Directly 2. Referral	Directly Referral
Level I-II.I: Overdose Plan included in Tx plan	Directly Referral Not at all	1. Directly	1. Directly		
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy	2. Referral	Directly Referral	Directly Referral	2. Referral	2. Referral3. Not at all4. N/A
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one)	2. Referral3. Not at all	Directly Referral Not at all	Directly Referral Not at all	Referral Not at all	2. Referral 3. Not at all 4. N/A 1. Justification
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy	2. Referral3. Not at all4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented	2. Referral 3. Not at all 4. N/A 1. Justification documented	2. Referral 3. Not at all 4. N/A 1. Justification documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving	 Referral Not at all N/A Justification 	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not	 Referral Not at all N/A Justification documented Justification not
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one)	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one)	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed by 1st x plan	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A Length of St.	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A ay Evaluation	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed by 1 st tx plan revision	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A Length of St.	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
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Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed by 1 st tx plan revision Recovery Check- ups are completed	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A Length of St.	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A ay Evaluation	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed by 1 st tx plan revision Recovery Check- ups are completed and entered into	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A Length of St.	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A ay Evaluation	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
Level I-II.I: Overdose Plan included in Tx plan Receiving Pharmacotherapy (Circle one) Receiving Pharmacotherapy Not at all (Circle one) III.7 only: 1. continued stay review completed by 1 st tx plan revision Recovery Check- ups are completed and entered into SMART/Medical	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A Length of St.	1. Directly 2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented 3. N/A ay Evaluation	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented	2. Referral 3. Not at all 4. N/A 1. Justification documented 2. Justification not documented
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Encounter notes are					
completed in					
SMART/Medical					
Records within 24					
hrs. of telephone				to.	
Check-ups.					
The first page of					
the encounter note					2.
records:					
Type of service					
Length of service					
Funding Source		- Vocal			
Continuing Care is	\$				
offered to all					
eligible patients					
(Level I,					
successfully d/c'd.)					
If the patient is not					
enrolled in					
Continuing Care, there is					
documentation in		A STATE OF THE STA			
the record that it					
was offered.					
was offered.			4		
	Car	e Coordination Le	vels III 7 III 5 &	111.3	
Provide d/c	Car	C Coordination De	veis 111.7, 111.5 &	111.5	
summary to pt's					
care coordinator					
Attempt to obtain					
consent from pt.					
prior to d/c					
Provide d/c					111111
summary to OP					
Aftercare provider					
within 24 hrs. of					
pt's d/c	1				
					· · · · · · · · · · · · · · · · · · ·
Se	ervices for All Prog	rams that provide	Substance Abuse	Services for Wom	en
		ough linkages with			
Case management					
to assist with					
eligibility for public					
assistance programs					
Employment and					
training programs			0.000 m on 1.000 m on	AMOUNT OF THE PARTY OF THE PART	
Education and					
special education					
programs					
Drug-free housing			4 217 5	211	160 - 200
for women and					
their children					
Prenatal care and				0. 10.11	
other health care					
services					
Therapeutic					
daycare for children					
Head Start					
Other early					
childhood programs					

All eligible patients in Level III.3, III.5, & III.7 programs are enrolled into RecoveryNet services through the care coordinator					
		Comi	ments		
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			- 10 August -		
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8					
Reviewer's Signatu	re			Date	

Trauma-informed

services